



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF DISMISSAL

Notice Date: March 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005653

[REDACTED]

Dear [REDACTED],

On December 22, 2015, the Marketplace issued an enrollment confirmation notice stating that your enrollment in your qualified health plan coverage would start on February 1, 2016. You appealed this determination.

On February 17, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 15, 2016, at 3:00 PM.

At 3:00 PM, the Hearing Officer contacted you at the phone number you provided to the Marketplace. The Hearing Officer reached a message which stated the number you provided was no longer in service, and which also listed a new number. The Hearing Officer called the number listed in the message and reached you. You informed the Hearing Officer that you no longer wanted the hearing because you had decided to enroll in insurance coverage outside of the Marketplace due to the length of time it was taking to get resolution to the issue you appealed. The Hearing Officer asked you to be sworn in and to make a formal withdrawal under oath, but you stated that you did not have time to do so. You were informed that the appeal would be dismissed, and you stated that it did not matter because you no longer needed assistance from the Marketplace. Since you did not cooperate in the conduct of your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us, in writing, within 30 days after the date on this notice. In that writing, you must explain why you did not cooperate with your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to both the Appeal Identification Number and the NY State of Health Number at the top of this notice.

How to Contact the Marketplace

You can contact the Marketplace in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations § 155.530 (b).

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A Copy of this Notice of Dismissal Has Been Provided To:



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